

FAMILY AND MEDICAL LEAVE ACT FACT SHEET

Eligible employees are provided up to twelve (12) weeks of protected FMLA leave in a 12 month period for certain family and medical reasons.



■ TO BE ELIGIBLE:

- ☞ The employee must be employed by Chesterfield County for at least 12 months prior to taking leave (need not be consecutive).
- ☞ The employee must have worked at least 1,250 hours in past 12 months.

■ REASONS FOR LEAVE:

- ☞ The employee's own serious health condition;
- ☞ The birth, placement for adoption, or placement of a foster child;
- ☞ The employee's spouse, parent, or child has a serious health condition that requires the employee's care.

- Leave must be requested 30 days in advance, except for unforeseen illnesses.
- Health care provider certification will be required and must be provided no later than 15 calendar days after request.
- Intermittent leave must be granted, if medically necessary, for a serious health condition. Health care provider certification is required.
- In cases of one's own serious health condition, sick leave is used before leave without pay. An employee may choose to use annual leave or floating holiday leave in order to continue in a paid leave status upon the exhaustion of sick leave. Both paid and unpaid FMLA leave are counted toward the 12 week entitlement.
- Current health and dental care coverage will be maintained for the duration of time the employee is out on FMLA leave, with the County paying both the employee and County portions during any periods of leave without pay. The employee's portion of the premium payments will be collected on a pre-tax basis upon the return of the employee from FMLA leave. If the employee fails to return to work after the employee's FMLA leave entitlement has expired (unless for medical disability), the employee must reimburse the County for all of the health benefit premiums the County paid during the period of unpaid FMLA leave.
- In accordance with County Personnel Policy 5-4-4, accrued sick leave may be used if the employee is unable to work due to an illness or injury incapacitating the employee. If the employee is not incapacitated (except as indicated in 5-4-4), he/she must use annual leave, floating holiday leave, compensatory time, or leave without pay.
- A Health Care Provider statement approving return to work may be required.
- An employee on approved FMLA leave will be restored to same or equivalent position upon return to work.

See Administrative Procedure 620 for further details.

**Request for (or) Designation of FMLA Leave Form
Under the Family and Medical Leave Act**

This form is to be completed by the employee and submitted to supervisor.

Name _____ Soc. Sec. No. _____
Department _____ Phone No. _____
Supervisor's Name _____ Employment Date _____

I have worked for Chesterfield Co. at least 1,250 hours in the past 12 months? ☐ Yes ☐ No

Purpose of Leave:

To care for an ill parent	For my own serious health condition
To care for an ill spouse	For the birth of a child and to care for that child
To care for an ill child	For placement of a child for adoption or foster care

Note: Health Care Provider Certification is required and is to be attached to this request.

Leave will begin on _____ I anticipate I will need leave until _____

I would like intermittent leave. (Explain schedule desired) _____

For my own serious health condition I want to:

If applicable, use all comp time before sick leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, retain _____ number of comp time hours.	
Use all annual leave after exhausting sick leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, retain _____ number of annual leave hours.	
Use all floating holiday leave after exhausting sick leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, retain _____ number of floating holiday leave hours.	

I have read the attached Family and Medical Leave Act Fact Sheet.

Employee's Signature

Date

Approved:

Department Director or Designee

Date